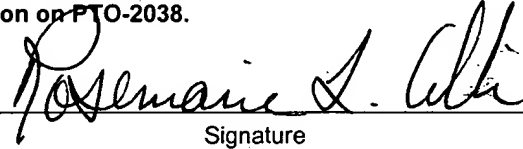




|   |       |   |  |    |  |       |   |    |  |    |  |    |
|---|-------|---|--|----|--|-------|---|----|--|----|--|----|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |       | Docket Number (Optional)<br>015270-005912US |  |    |  |       |   |    |  |    |  |    |
| In re Application of Dale B. Schenk   |       |   |  |    |  |       |   |    |  |    |  |    |
| Application Number 09/724,575   |       | Filed November 28, 2000                     |  |    |  |       |   |    |  |    |  |    |
| For PREVENTION AND TREATMENT OF AMYLOID DISEASES  |       |   |  |    |  |       |   |    |  |    |  |    |
| Art Unit 1647   |       | Examiner Christopher J. Nichols             |  |    |  |       |   |    |  |    |  |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$420</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 42,397</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a). _____</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>December 29, 2003<br/>_____<br/>Date</p> <p><br/>_____<br/>Signature</p> <p>Rosemarie L. Celli, Reg. No. 42,397<br/>_____<br/>Typed or printed name</p> <p>01/02/2004 HUIJONG1 00000099 201430 09724575<br/>02 FC:1252 420.00 DA</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p> |       |   | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$420 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$    |   |  |    |  |       |   |    |  |    |  |    |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$420 |   |  |    |  |       |   |    |  |    |  |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$    |   |  |    |  |       |   |    |  |    |  |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$    |   |  |    |  |       |   |    |  |    |  |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$    |   |  |    |  |       |   |    |  |    |  |    |